



INCOME SECURITY ADVOCACY CENTRE  
Centre d'action pour la sécurité du revenu

## Application for Individual Membership (voting)

*To be renewed annually prior to April 1<sup>st</sup>*

Please complete all sections of this form unless indicated. If you require assistance in filling this out, please contact our office.

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

(Member meeting notices, newsletters and updates will be sent by email. If you are unable to receive member meeting notices and updates by email, please contact us)

Phone: \_\_\_\_\_

How did you learn about ISAC? **(required only for new members)**

\_\_\_\_\_  
\_\_\_\_\_

What part of ISAC's work do you find most interesting (i.e. social assistance, employment, federal benefits)? **(required only for new members)**

\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in being considered for a position on the Board of Directors?  
**Yes or No**

### Endorsement and Signature\*

☐ I have read and understood membership eligibility as listed in ISAC's by-laws and confirm that I am not disqualified.

☐ I have read, and agree to endorse and support the Mission Statement and Mandate of Income Security Advocacy Centre.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

\* Please refer to Mission Statement and Membership Policy on our website